

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

LAMBERT FOR CONGRESS

ADDRESS (number and street)

P.O. BOX 964

Check if different
than previously
reported. (ACC)

NASHUA

NH

03061

2. FEC IDENTIFICATION NUMBER ▼

C

C00548917

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

NH

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y
09 / 09 / 2014in the
State of

NH

(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
07 / 01 / 2014

through

M M / D D / Y Y Y Y
08 / 20 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer BRADLEY T CRATE

Signature of Treasurer

BRADLEY T CRATE

[Electronically Filed]

Date

M M / D D / Y Y Y Y
08 / 28 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

LAMBERT FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	13339.88	437538.59
(b) Total Contribution Refunds (from Line 20(d))	800.00	800.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	12539.88	436738.59
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	157916.90	276213.31
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	22.50
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	157916.90	276190.81
8. Cash on Hand at Close of Reporting Period (from Line 27).....	210547.78	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	50000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 31

Write or Type Committee Name

LAMBERT FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	1	4

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

9873.88

386224.25

(ii) Unitemized

3466.00

44814.34

(iii) TOTAL of contributions from individuals

13339.88

431038.59

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs)

0.00

6500.00

(d) The Candidate

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

13339.88

437538.59

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

50000.00

50000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

50000.00

50000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

22.50

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....

63339.88

487561.09

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 31

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	157916.90	276213.31
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	800.00	800.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	800.00	800.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	158716.90	277013.31

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	305924.80
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	63339.88
25. SUBTOTAL (add Line 23 and Line 24).....	369264.68
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	158716.90
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	210547.78

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 31
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
LAMBERT FOR CONGRESS

A. Full Name (Last, First, Middle Initial) CHRISTOPHER AGER		Date of Receipt M M / D D / Y Y Y Y 08 / 20 / 2014	
Mailing Address 4 EDGEWOOD RUN		Transaction ID : SA11AI.6213	
City AMHERST	State NH	Zip Code 03031	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer BAE SYSTEMS	Occupation MANAGEMENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 450.00		
B. Full Name (Last, First, Middle Initial) VINCENT AQUINO		Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2014	
Mailing Address 7 HAZEL AVE		Transaction ID : SA11AI.6206	
City NASHUA	State NH	Zip Code 03062	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer NETAPP	Occupation SALES MANAGER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2600.00		
C. Full Name (Last, First, Middle Initial) VINCENT AQUINO		Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2014	
Mailing Address 7 HAZEL AVE		Transaction ID : SA11AI.6237	
City NASHUA	State NH	Zip Code 03062	Amount of Each Receipt this Period _____ 150.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer NETAPP	Occupation SALES MANAGER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2750.00		
SUBTOTAL of Receipts This Page (optional).....		_____ 500.00	
TOTAL This Period (last page this line number only).....		_____	

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LAMBERT FOR CONGRESS

A. Full Name (Last, First, Middle Initial) GARY AZARIAN		Date of Receipt M M / D D / Y Y Y Y 08 / 20 / 2014	
Mailing Address 34 TICKLEFANCY LANE		Transaction ID : SA11AI.6212	
City SALEM	State NH	Zip Code 03079	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer NZA PROPERTIES	Occupation PARTNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
B. Full Name (Last, First, Middle Initial) WILLIAM W BALLOU		Date of Receipt M M / D D / Y Y Y Y 08 / 12 / 2014	
Mailing Address 76 RIDGEWOOD AVENUE		Transaction ID : SA11AI.6203	
City KEENE	State NH	Zip Code 03431	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer COLD RIVER BRIDGES LLC	Occupation OWNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
C. Full Name (Last, First, Middle Initial) LINDA BEAULIEU		Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2014	
Mailing Address 61 BARNARD HILL RD		Transaction ID : SA11AI.6196	
City DUNBARTON	State NH	Zip Code 03046	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
SUBTOTAL of Receipts This Page (optional).....		750.00	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 31
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
LAMBERT FOR CONGRESS

A. Full Name (Last, First, Middle Initial) PHILIPPE J BOUCHARD			Date of Receipt M M / D D / Y Y Y Y 07 / 22 / 2014	
Mailing Address PO BOX 369			Transaction ID : SA11AI.6223	
City NASHUA	State NH	Zip Code 03061	Amount of Each Receipt this Period 700.00	
FEC ID number of contributing federal political committee. C		Name of Employer CORRIVEAU INSURANCE AGENCY INC		
Occupation PRESIDENT		Election Cycle-to-Date 1000.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
B. Full Name (Last, First, Middle Initial) GERALD BOWE			Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2014	
Mailing Address PO BOX 57			Transaction ID : SA11AI.6225	
City BRISTOL	State NH	Zip Code 03222	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Name of Employer VI-JON INC		
Occupation EXECUTIVE		Election Cycle-to-Date 1000.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
C. Full Name (Last, First, Middle Initial) JOSEPH R. CANNARELLA			Date of Receipt M M / D D / Y Y Y Y 08 / 12 / 2014	
Mailing Address 29 MONZA ROAD			Transaction ID : SA11AI.6205	
City NASHUA	State NH	Zip Code 03064	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Name of Employer SAV T PAK ENTERPRISES		
Occupation OWNER		Election Cycle-to-Date 250.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
SUBTOTAL of Receipts This Page (optional).....			1950.00	
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

RYAN CARR

A.

Mailing Address 84 RANGE RD

City

WINDHAM

State

NH

Zip Code

03087

FEC ID number of contributing
federal political committee.

C

Name of Employer

EASTERN FINANCIAL

Occupation

FINANCIAL SERVICES

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2014

Transaction ID : SA11AI.6201

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

ELIZABETH B CURRAN

B.

Mailing Address 38 FARMINGTON RD

City

NASHUA

State

NH

Zip Code

03060

FEC ID number of contributing
federal political committee.

C

Name of Employer

THE MASIELLO GROUP

Occupation

REAL ESTATE AGENT

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2014

Transaction ID : SA11AI.6135

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

BONNIE W DRUMMOND

C.

Mailing Address 16 OLD HANCOCK RD

City

HANCOCK

State

NH

Zip Code

03449

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2014

Transaction ID : SA11AI.6147

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

350.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LAMBERT FOR CONGRESS

A. Full Name (Last, First, Middle Initial) SARA FAGEN			Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2014	
Mailing Address 606 N HUDSON ST			Transaction ID : SA11AI.6200	
City	State	Zip Code	Amount of Each Receipt this Period 250.00	
ARLINGTON	VA	22201		
FEC ID number of contributing federal political committee.		C		
Name of Employer DDC ADVOCACY		Occupation PARTNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
B. Full Name (Last, First, Middle Initial) MARK GAGNON			Date of Receipt M M / D D / Y Y Y Y 08 / 18 / 2014	
Mailing Address 34 CHESTNUT DR			Transaction ID : SA11AI.6208	
City	State	Zip Code	Amount of Each Receipt this Period 250.00	
ALLENSTOWN	NH	03275		
FEC ID number of contributing federal political committee.		C		
Name of Employer GRANITE STATE RETIREMENT		Occupation CERTIFIED FINANCIAL PLANNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
C. Full Name (Last, First, Middle Initial) JOHN GATELY			Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2014	
Mailing Address 2332 CROIX DR			Transaction ID : SA11AI.6198	
City	State	Zip Code	Amount of Each Receipt this Period 250.00	
VIRGINIA BEACH	VA	23451		
FEC ID number of contributing federal political committee.		C		
Name of Employer SELF-EMPLOYED		Occupation ATTORNEY		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
SUBTOTAL of Receipts This Page (optional).....			750.00	
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

ROBERT GRAPPONE

A.

Mailing Address 4931 BONITA BAY BLVD

City

BONITA SPRINGS

State

FL

Zip Code

34134

FEC ID number of contributing
federal political committee.

C

Name of Employer

GRAPPONE AUTO GROUP

Occupation

OWNER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2014

Transaction ID : SA11AI.6210

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

STEPHEN GRIFFIN

B.

Mailing Address 603 LINCOLN AVENUE

City

BERLIN

State

NH

Zip Code

03570

FEC ID number of contributing
federal political committee.

C

Name of Employer

ISAACSON STRUCTURAL STEEL

Occupation

PRINCIPAL

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2014

Transaction ID : SA11AI.6215

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

MR. HARRY J HEALER JR

C.

Mailing Address PO BOX 533

City

PETERBOROUGH

State

NH

Zip Code

03458

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2014

Transaction ID : SA11AI.6219

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

RICHARD HINE

A.

Mailing Address 81 KINGSTON CT W

City

CORONADO

State

CA

Zip Code

92118

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		02		2014

Transaction ID : SA11AI.6136

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

BRIAN HOOPER

B.

Mailing Address 10-12 DELAWARE DR

City

SALEM

State

NH

Zip Code

03079

FEC ID number of contributing
federal political committee.

C

Name of Employer

MSI MECHANICAL

Occupation

VICE PRESIDENT

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		20		2014

Transaction ID : SA11AI.6217

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

MR. GORDON H LEWIS

C.

Mailing Address 26 WHISPER DR

City

BEDFORD

State

NH

Zip Code

03110

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		20		2014

Transaction ID : SA11AI.6194

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

STEVEN W LEWIS

A.

Mailing Address 95 MAIN STREET

City

ATKINSON

State

NH

Zip Code

03811

FEC ID number of contributing
federal political committee.

C

Name of Employer
STEVEN LEWIS INCOccupation
OWNER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2089.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		14		2014

Transaction ID : SA11AI.6095

Amount of Each Receipt this Period

473.88

IN-KIND: FACILITY RENTAL/CATERING SERVICES

Full Name (Last, First, Middle Initial)

ROBERT G PRUNIER

B.

Mailing Address 59 HIDEAWAY LANE

City

HOLLIS

State

NH

Zip Code

03049

FEC ID number of contributing
federal political committee.

C

Name of Employer
HARVEY CONSTRUCTION CORPORATIONOccupation
PRINCIPAL OWNER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		19		2014

Transaction ID : SA11AI.6226

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

ROBERT G PRUNIER

C.

Mailing Address 59 HIDEAWAY LANE

City

HOLLIS

State

NH

Zip Code

03049

FEC ID number of contributing
federal political committee.

C

Name of Employer
HARVEY CONSTRUCTION CORPORATIONOccupation
PRINCIPAL OWNER

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		19		2014

Transaction ID : SA11AI.6238

Amount of Each Receipt this Period

900.00

SUBTOTAL of Receipts This Page (optional).....

1473.88

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

JOSEPH B REILLY

A.

Mailing Address 49 OLD SAWMILL ROAD

City

BEDFORD

State

NH

Zip Code

03110

FEC ID number of contributing
federal political committee.

C

Name of Employer

CENTRIX BANK

Occupation

BANKING

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		20		2014

Transaction ID : SA11AI.6218

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

AUDREY E ROBINSON

B.

Mailing Address 962 ISAAC FRYE HWY

City

WILTON

State

NH

Zip Code

03086

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		20		2014

Transaction ID : SA11AI.6181

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

AUDREY E ROBINSON

C.

Mailing Address 962 ISAAC FRYE HWY

City

WILTON

State

NH

Zip Code

03086

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		20		2014

Transaction ID : SA11AI.6193

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

800.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

EUGENE M SCHNEIDER

A.

Mailing Address 29 LEXINGTON DR

City

ATKINSON

State

NH

Zip Code

03811

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		20		2014

Transaction ID : SA11AI.6192

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

WILLIAM P SLIVINSKI

B.

Mailing Address 46 BERKELEY ST

City

NASHUA

State

NH

Zip Code

03060

FEC ID number of contributing
federal political committee.

C

Name of Employer

PEPPERELL BRAIDING CO

Occupation

PRESIDENT

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		20		2014

Transaction ID : SA11AI.6222

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

RUSSELL TAUB

C.

Mailing Address 50 ADELPHI AVE

City

PROVIDENCE

State

RI

Zip Code

02906

FEC ID number of contributing
federal political committee.

C

Name of Employer

IHRC

Occupation

REPRESENTATIVE

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		20		2014

Transaction ID : SA11AI.6174

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

800.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

DENISE WILSON

A.

Mailing Address 18 EATON ROAD

City

AMHERST

State

NH

Zip Code

03031

FEC ID number of contributing
federal political committee.

C

Name of Employer

FAMILYDENTAL CARE OF MILFORD

Occupation

DENTIST

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2014

Transaction ID : SA11Al.6221

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

9873.88

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 31

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

GARY LAMBERT

Mailing Address 32 COLUMBIA AVENUE

City

NASHUA

State

NH

Zip Code

03064

FEC ID number of contributing
federal political committee.**C** H4NH02233

Name of Employer

SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

50000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2014

Transaction ID : SA13A.6236

Amount of Each Receipt this Period

50000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

50000.00

50000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. 603 ADVISORS

Mailing Address P.O. BOX 943

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		29		2014

City	State	Zip Code
MANCHESTER	NH	03105

Amount of Each Disbursement this Period

8000.00

Purpose of Disbursement
STRATEGY CONSULTINGCategory/
Type**Transaction ID : SB17.6038**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. AC MOOREMailing Address 255 AMHERST ST
#3

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2014

City	State	Zip Code
NASHUA	NH	03063

Amount of Each Disbursement this Period

20.43

Purpose of Disbursement
7/22/14 AMEX PAYMENT: OFFICE SUPPLIESCategory/
Type**Transaction ID : SB17.6076****[MEMO ITEM]**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address P.O. BOX 1270

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2014

City	State	Zip Code
NEWARK	NJ	07101-1270

Amount of Each Disbursement this Period

1273.30

Purpose of Disbursement
CREDIT CARD PAYMENT: SEE MEMO ENTRIESCategory/
Type**Transaction ID : SB17.6039**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

9273.30

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CAMPAIGN GRIDMailing Address 414 COMMERCE DRIVE
SUITE 100City State Zip Code
FORT WASHINGTON PA 19034Purpose of Disbursement
STRATEGY CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		13		2014

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.6040

B. CANDIDATE COMMAND, LLCMailing Address 1420 NW VIVION
STE 113City State Zip Code
KANSAS CITY MO 64118Purpose of Disbursement
BROADBAND SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		12		2014

Amount of Each Disbursement this Period

4224.00

Transaction ID : SB17.6042

C. COMCAST

Mailing Address 460 AMHERST ST

City State Zip Code
NASHUA NH 03063Purpose of Disbursement
7/22/14 AMEX PAYMENT: BROADBAND SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2014

Amount of Each Disbursement this Period

560.84

Transaction ID : SB17.6092

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

7224.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. JOSHUA DAVIDSONMailing Address 1341 A ST. NE
UNIT B

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
REIMBURSEMENT: SEE MEMO

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		13		2014

Amount of Each Disbursement this Period

548.19

Transaction ID : SB17.6055

B. JOSHUA DAVIDSONMailing Address 1341 A ST. NE
UNIT B

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
REIMBURSEMENT: SEE MEMO

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		04		2014

Amount of Each Disbursement this Period

299.00

Transaction ID : SB17.6056

C. DUNKIN DONUTS

Mailing Address 109 DANIEL WEBSTER HWY

City NASHUA State NH Zip Code 03060

Purpose of Disbursement
7/22/14 AMEX PAYMENT: TRAVEL: FOOD

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2014

Amount of Each Disbursement this Period

42.32

Transaction ID : SB17.6090

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

847.19

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. EPAY BUSINESS SOLUTIONS INCMailing Address 27A MIDSTATE DR
SUITE 218

City AUBURN State MA Zip Code 01501

Purpose of Disbursement
PAYROLL SERVICES/TAX

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		14		2014

Amount of Each Disbursement this Period

4462.70

Transaction ID : SB17.6047

B. EPAY BUSINESS SOLUTIONS INCMailing Address 27A MIDSTATE DR
SUITE 218

City AUBURN State MA Zip Code 01501

Purpose of Disbursement
PAYROLL SERVICES/TAX

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		30		2014

Amount of Each Disbursement this Period

4427.81

Transaction ID : SB17.6048

C. EPAY BUSINESS SOLUTIONS INCMailing Address 27A MIDSTATE DR
SUITE 218

City AUBURN State MA Zip Code 01501

Purpose of Disbursement
PAYROLL SERVICES/TAX

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		14		2014

Amount of Each Disbursement this Period

4408.70

Transaction ID : SB17.6049

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

13299.21

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FOXFIRE PROPERTY MANAGEMENT

Mailing Address PO BOX 1438

City	State	Zip Code
CONCORD	NH	03302

Purpose of Disbursement
RENT

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2014

Amount of Each Disbursement this Period

1300.00

Transaction ID : SB17.6050

B. FOXFIRE PROPERTY MANAGEMENT

Mailing Address PO BOX 1438

City	State	Zip Code
CONCORD	NH	03302

Purpose of Disbursement
RENT

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		24		2014

Amount of Each Disbursement this Period

1300.00

Transaction ID : SB17.6051

C. G.S.P. GRAPHIC SCREENPRINTING PRODUCTION INC

Mailing Address 5512 MITCHELLDALE

City	State	Zip Code
HOUSTON	TX	77092

Purpose of Disbursement
PRINTING & DESIGN SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		07		2014

Amount of Each Disbursement this Period

5573.66

Transaction ID : SB17.6053

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

8173.66

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. GUITAR CENTER

Mailing Address 258 DANIEL WEBSTER HWY

City	State	Zip Code
NASHUA	NH	03060

Purpose of Disbursement
7/22/14 AMEX PAYMENT: EVENT STAGING EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2014

Amount of Each Disbursement this Period

473.88

Transaction ID : SB17.6085

[MEMO ITEM]**B. STEVEN W LEWIS**

Mailing Address 95 MAIN STREET

City	State	Zip Code
ATKINSON	NH	03811

Purpose of Disbursement
IN-KIND: FACILITY RENTAL/CATERING SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		14		2014

Amount of Each Disbursement this Period

473.88

Transaction ID : SB17.6096

C. LOWES

Mailing Address 143 DANIEL WEBSTER HWY

City	State	Zip Code
NASHUA	NH	03060

Purpose of Disbursement
7/22/14 AMEX PAYMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2014

Amount of Each Disbursement this Period

7.76

Transaction ID : SB17.6080

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

473.88

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. MAJORITY STRATEGIESMailing Address 135 PROFESSIONAL DRIVE
SUITE 104City State Zip Code
PONTE VEDRA BEACH FL 32082Purpose of Disbursement
STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		31		2014

Amount of Each Disbursement this Period

18422.64

Transaction ID : SB17.6057

B. MAJORITY STRATEGIESMailing Address 135 PROFESSIONAL DRIVE
SUITE 104City State Zip Code
PONTE VEDRA BEACH FL 32082Purpose of Disbursement
STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		01		2014

Amount of Each Disbursement this Period

18383.64

Transaction ID : SB17.6058

C. TORY MAZZOLA

Mailing Address 16 DEXTER COURT

City State Zip Code
FREEMONT NH 03044Purpose of Disbursement
PLACED MEDIA

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2014

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.6070

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

39806.28

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. NATION BUILDERMailing Address 448 S. HILL
SUITE 200

City LOS ANGELES State CA Zip Code 90013

Purpose of Disbursement
DAVIDSON: WEB HOSTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
07	13	2014

Amount of Each Disbursement this Period

548.19

Transaction ID : SB17.6072

[MEMO ITEM]**B. NATION BUILDER**Mailing Address 448 S. HILL
SUITE 200

City LOS ANGELES State CA Zip Code 90013

Purpose of Disbursement
DAVIDSON: WEB HOSTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
08	04	2014

Amount of Each Disbursement this Period

299.00

Transaction ID : SB17.6073

[MEMO ITEM]**C. NCCI HOLDINGS INC**

Mailing Address PO BOX 3045

City BOCA RATON State FL Zip Code 33431

Purpose of Disbursement
7/22/14 AMEX PAYMENT: WORKERS COMPENSATION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
07	22	2014

Amount of Each Disbursement this Period

433.00

Transaction ID : SB17.6083

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. PARTY CITY

Mailing Address 12 NORTHWEST BLVD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2014

City	State	Zip Code
NASHUA	NH	03063

Amount of Each Disbursement this Period

11.64

Purpose of Disbursement
7/22/14 AMEX PAYMENT: OFFICE SUPPLIESCategory/
Type

Transaction ID : SB17.6078

[MEMO ITEM]

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. PAYPAL

Mailing Address 2211 NORTH FIRST STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		31		2014

City	State	Zip Code
SAN JOSE	CA	95131

Amount of Each Disbursement this Period

879.57

Purpose of Disbursement
MERCHANT FEESCategory/
Type

Transaction ID : SB17.6060

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. RED CURVE SOLUTIONSMailing Address 138 CONANT STREET
1ST FLOOR

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2014

City	State	Zip Code
BEVERLY	MA	01915

Amount of Each Disbursement this Period

2400.00

Purpose of Disbursement
COMPLIANCE CONSULTINGCategory/
Type

Transaction ID : SB17.6061

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3279.57

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. RED CURVE SOLUTIONSMailing Address 138 CONANT STREET
1ST FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		29		2014

Amount of Each Disbursement this Period

2421.25

Transaction ID : SB17.6062

B. SAM'S CLUB MC/SYNCB

Mailing Address PO BOX 960013

City ORLANDO State FL Zip Code 32896

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		23		2014

Amount of Each Disbursement this Period

1183.56

Transaction ID : SB17.6064

C. STAPLES

Mailing Address 252 DANIEL WEBSTER HWY

City NASHUA State NH Zip Code 03060

Purpose of Disbursement
7/22/14 AMEX PAYMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2014

Amount of Each Disbursement this Period

17.49

Transaction ID : SB17.6086

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

3604.81

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address 252 DANIEL WEBSTER HWY

City	State	Zip Code
NASHUA	NH	03060

Purpose of Disbursement
7/22/14 AMEX PAYMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2014

Amount of Each Disbursement this Period

38.78

Transaction ID : SB17.6087

[MEMO ITEM]**B. STAPLES**

Mailing Address 252 DANIEL WEBSTER HWY

City	State	Zip Code
NASHUA	NH	03060

Purpose of Disbursement
7/22/14 AMEX PAYMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2014

Amount of Each Disbursement this Period

89.85

Transaction ID : SB17.6088

[MEMO ITEM]**C. STRATEGIC MEDIA SERVICES**Mailing Address 1911 NORTH FT. MYER DRIVE
SUITE 400

City	State	Zip Code
ARLINGTON	VA	22209

Purpose of Disbursement
PLACED MEDIA

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		12		2014

Amount of Each Disbursement this Period

29115.00

Transaction ID : SB17.6066

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

29115.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. STRATEGIC MEDIA SERVICESMailing Address 1911 NORTH FT. MYER DRIVE
SUITE 400

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement
PLACED MEDIA

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
08	18	2014

Amount of Each Disbursement this Period

8140.00

Transaction ID : SB17.6067

B. STRATEGIC MEDIA SERVICESMailing Address 1911 NORTH FT. MYER DRIVE
SUITE 400

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement
PLACED MEDIA

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
08	18	2014

Amount of Each Disbursement this Period

34620.00

Transaction ID : SB17.6068

C. USPS

Mailing Address 955 GOFFS FALL RD

City MANCHESTER State NH Zip Code 03103

Purpose of Disbursement
7/22/14 AMEX PAYMENT: POSTAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
07	22	2014

Amount of Each Disbursement this Period

5.60

Transaction ID : SB17.6074

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

42760.00

X	17		18		19a		19b
	20a		20b		20c		21

LAMBERT FOR CONGRESS

A. USPS

07 / 22 / 2014

5.60

[MEMO ITEM]

B.

Diagram illustrating the genotypes of the parents: MM / DD / YY.

Category/
Type

State: District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Diagram illustrating the genotypes of the parents: MM / DD / YY.

City	State	Zip Code
------	-------	----------

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Senate		<input type="checkbox"/> Other (specify)	
	<input type="checkbox"/> President			

State: District:

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

157856.90

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 31

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

LAMBERT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. JOHN E TULLEY II

Mailing Address 147 DW HWY

City	State	Zip Code
NASHUA	NH	03060

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		24		2014

Amount of Each Disbursement this Period

800.00

Transaction ID : SB20A.6239

B.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

--

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

800.00

800.00

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 31 OF 31

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6236

LAMBERT FOR CONGRESS**LOAN SOURCE** Full Name (Last, First, Middle Initial)**[PERSONAL FUNDS]**

Election: 2014

GARY LAMBERT☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

32 COLUMBIA AVENUE

City

State

ZIP Code

NASHUA

NH

03064

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
08 / 19 / 2014

Date Due

M M / D D / Y Y Y Y
/ 12/31/14

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

50000.00

TOTALS This Period (last page in this line only)..... ►

50000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.